



NAVY AND MARINE CORPS MEDICAL NEWS

September 2013

MEDNEWS Items of Interest

In September, Navy Medicine highlights suicide prevention. The theme of this year's Navy Suicide Prevention Month is, "Thrive in Your Community." This year's theme focuses on partnerships with Sailors and Marines in projects across our communities.

Navy Medicine joins the nation Sept. 15 in celebrating Hispanic Heritage Month, which will be observed until Oct. 15.

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Last Issue of MEDNEWS:

We will be moving to an online Navy Medicine multi-media presence in the coming weeks and will be discontinuing MEDNEWS. Thank you all for your continued support of MEDNEWS throughout the years.

Did You Know?

In executing its force health protection mission, the 63,000 active duty and Reservists, government civilians and contractors of Navy Medicine are engaged in all aspects of expeditionary medical operations supporting the warfighter.

Medical headquarters joins healthy base initiative

By Jim Garamone, American Forces Press Service

FALLS CHURCH, Va. – Defense medics are practicing what they preach, as the Defense Health Headquarters became the latest installation to embrace the Healthy Base Initiative Sept. 12.

Dr. Jonathan Woodson, the assistant secretary of defense for health affairs, laid out the grand scheme behind the initiative in his kick-off remarks. "Today is about being on the move," he told the joint service audience. "It's about transforming words into leadership."

The program is a part of Operation Live Well, aimed at encouraging all members of the military to make healthy choices. "We have the challenges of weight [gain], of cardiovascular health,

and too many of our children and even folks within the ranks ... have acquired excess weight and unhealthy habits," he said.

It is more than a "nice to have" program, Woodson said, noting that the biggest reason service members are discharged in their first term of service is for failure to meet weight standards.

This is a readiness problem for the military, said Chuck Milam, the Pentagon's principal director for military community and family policy. Milam said obesity wasn't that big a problem in the United States in 1990. Today, however, 40 percent of the states report that obesity is a problem.

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Photo by Mass Communication Specialist 3rd Class Sabrina Fine

Senior Chief Hospital Corpsman Brian Campbell instructs Sailors during a mass casualty drill on the flight deck of the amphibious dock landing ship USS Carter Hall (LSD 50). Carter Hall is a part of the Kearsarge Amphibious Ready Group and, with the embarked 26th Marine Expeditionary Unit, is deployed in support of maritime security operations and theater security cooperation efforts in the U.S. 5th Fleet area of responsibility.

Thrive in your community: Suicide prevention month

I despair when I hear that of one of our Sailors or Marines has taken his or her own life. These are tragedies where we must intervene somehow and somewhere in the chain of events that leads to the hopelessness of suicide, be it impulsive or the culmination of chronic thoughts. Recently I asked our Navy Medicine leaders to delve deeper across the enterprise and work to identify risk factors for suicide and recommend potential points of intervention. We can — and will — do more to prevent suicide by being responsible to those we serve.

Preventing suicide requires each of us to actively participate and be engaged in the lives our shipmates and colleagues. It starts with a concept many of you have heard me talk about: “Ship, Shipmate and Self.” I encourage you to take time out of your day to listen to your shipmates, be there for them, ask them how they are doing — it all adds up and may make a difference to one of them. We especially must connect with our Sailors who are transitioning from one job to another, experiencing career setbacks like school failures or failing to promote, experiencing disciplinary action or going through some sort of loss, divorce or relationship breakups. We must break the code of silence and initiate the conversation, making sure our Sailors know they are

never alone.

Each September, the Department of Defense recognizes Suicide Prevention Month. The theme of this year's Navy Suicide Prevention Month is, “Thrive in Your Community.”

This year's theme focuses on partnering with your fellow Sailors and Marines in projects across our community. The increasing sense of community and purpose is an important protective factor in preventing suicide. By helping others, we help ourselves. Those who are present for others are often more open to receive assistance when needed. A sense of community can help us not just survive, but also thrive in the face of adversity. The sense of belonging may provide a person in distress with a lifeline they didn't know they had.

Whether you are active duty or civilian, clinician, administrator, or corpsman, you have several valuable resources available to you to support our Sailors, Marines, veterans, and their families in our efforts to promote resiliency and prevent suicidal behaviors. The Navy and Marine Corps Public Health Center (NMCPHC) provides tools and resources to help Sailors and Marines build and maintain resiliency, through operational stress control, stress navigation, anger management, proper sleep and the prevention of drug abuse and excessive alcohol use resources. An example is the recently released “Relax Relax toolkit” designed for Sailors and Marines to reduce stress and optimize performance through deep relaxation techniques. The toolkit includes sections on breathing techniques, muscle relaxation, imagery, meditation, mindfulness, music, and combination strategies.

Additionally, the Navy Leader's Guide for Managing Sailors in Distress is a resource to help leaders recognize distress related behaviors, provide support to Sailors, and link distressed individuals with appropriate and timely help and information. Navy Medicine also partners and collaborates with other Department of the Navy organizations including the Navy Suicide Prevention Program, the Marine Corps Suicide Prevention Pro-



Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

gram, and the Navy Operational Stress Control (OSC) Program to create awareness of suicide risk factors and warning signs and to develop suicide prevention resources and products.

Suicide cannot be an option for anyone. Family, faith, and a sense of belonging all matter....and yes, for many, the Navy may be the only real family they know. By coming together through unit and family cohesion, we can strengthen resilience and serve as protectors of our shipmates. We must look out for our “Ship, Shipmate, and Self.”

Together we can make a difference in preventing suicide. When I get a report, I wish I had just one more day to make a difference, one more day to see the signs ... but I didn't get that day, so I make each day count so I won't need that last one. I ask you to be there for every Sailor, every day. We owe it to them, to ourselves, and to the mission. So go out of your way to be an engaged shipmate - practice compassion - ask your shipmates how they are doing and REALLY listen. Maybe you got that one more day...and maybe you saved a life.



Navy and Marine Corps Medical News



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Additional NMCPHC suicide prevention resources are available at:

www.med.navy.mil/sites/nmcphc/health-promotion/psychological-emotional-wellbeing/Pages/suicide-prevention.aspx, as well as the Navy Suicide Prevention program: www.public.navy.mil/BUPERS-NPC/support/21st-century_sailor/suicide_prevention/Pages/default.aspx.

Suicide prevention emphasized at Naval Hospital Bremerton

**By Mass Communication Specialist
1st Class James Evans Coyle, Naval
Hospital Bremerton Public Affairs**

BREMERTON, Wash. - World Suicide Prevention Day was recognized at Naval Hospital Bremerton Sept. 10 in conjunction with the 39th Annual National Suicide Prevention Week and September as Suicide Prevention Month.

NHB's Pastoral Care Department has taken the command lead in sharing insight and information with a promotional campaign, 'Thrive in Your Community,' to help spread the work of suicide awareness.

Command Chaplain, Lt. j.g. Shawn Redmon pointed out that he hopes all the command leaders and supervisors know how crucial they are in the minds of every junior person's life.

"People in a leadership position should never underestimate the power they have within their own guidance," said Redmon. "If you notice someone who seems down or not themselves, try to reassure them. When we take care of all the people within each command, the problem of suicide will continue to reach our ultimate goal of zero lives lost."

Redmon added that the gesture of reaching out to someone about anything can shake a sad person from their confusing and unstable foundation and provide them support to stand on.

"I really hope everyone realizes that a



Photo by Douglas Stutz

Naval Hospital Bremerton Pastoral Care department has coordinated static displays in the command throughout the month of September to visually remind all staff that the entire month is Suicide Prevention Month.

simple act of kindness can make all the difference in the world to someone who's hurting," Redmon said. "Don't ever be afraid to say something to someone."

According to the Navy's Suicide Awareness website, one in five people will experience at least one episode of major depression in their lifetime. The number of suicides in the military in 2012 was 349. Sixty of those who took their own lives were Navy service members.

Lt. Eric Kebker, clinical psychologist, NHB mental health department, noted that suicide is often perceived as something done in an impulse or without any real thought.

"The very real tragedy of suicide is that victims often struggle for long periods of time with extensive loneliness and deep feelings of isolation and that they're not

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HEADQUARTERS

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The military is not a vacuum, Milam said, pointing out that service members come from the general population. Instilling the proper concern for healthy choices will pay off for years to come, he added. "This is not just a DoD challenge. It is a national challenge," he said.

Leaders throughout the military are facing the challenge, Woodson said. "It's not just the Military Health System, it's about the Military Health System joining with the rest of our community to make this effort a success," he said.

Leaders are working together to design environments that encourage service members, their families, retirees and DoD civilians to make healthy decisions. "This is about building healthier attitudes and resilience," he said.

There are some specific problems the military must address, Woodson said. "Within our ranks, we smoke too much and we use tobacco products too much," he said. "We actually outpace civilian groups for our use of tobacco. We have to take this on and transform and make real inroads if we are going to be a healthier, fit and ready force to defend this nation."

The headquarters is now one of 14 demonstration sites for

the Healthy Base Initiative. Teams will assess the health promotion programs currently available at the 3,000-member headquarters, Milam said. They will examine the food service, the exercise programs, availability of exercise equipment and the time set aside for people to work out.

"When we first kicked [the Healthy Base Initiative] off, we had 40 pages of great ideas," Milam said. "But nobody could tell me what really moved the needle." The study will give folks that information, he added.

The headquarters already has a farmers' market, bringing locally grown produce right to the employees, and that was part of the day-long celebration of the initiative. Employees also participated in yoga, Zumba, a Healthy Iron Chef competition and a fun-run/walk. The headquarters also sponsored nutritional, spiritual and resilience clinics.

The 14 Healthy Base Initiative demonstration sites are: Defense Logistics Agency; Mountain Home Air Force Base, Idaho; Yokota Air Base, Japan; Fort Bragg, N.C.; Fort Meade, Md.; Fort Sill, Okla.; Joint Base Pearl Harbor-Hickam, Hawaii; Marine Corps Base Quantico, Va.; Marine Corps Base Twenty-nine Palms, Calif.; Camp Dodge, Iowa; Navy Base New London, Conn.; March Air Reserve Base, Calif.; and Coast Guard Base Cape Cod, Mass.

Yokosuka's interns serve fleet, strengthen host nation relations

By Tim Jensen, U.S. Naval Hospital Yokosuka

YOKOSUKA, Japan - U.S. Naval Hospital (USNH) Yokosuka sponsors an annual internship program offering six licensed Japanese physicians the opportunity to work side-by-side with Navy Medicine professionals in a Westernized medicine environment.

The six interns are half way through their yearlong internship at USNH Yokosuka where they see patients in addition to assisting the referral management office by transferring patients who need specialty care available at local Japanese hospitals.

With the care overseen by Japanese interns service members can get back to their families and commands faster to complete their mission.

The intern program formally known as Japanese National Physician Graduate Medical Education Program was originally founded by USNH Yokosuka in 1952 to provide Japanese physicians an opportunity to learn Western medicine.

Currently the program still provides this opportunity but has grown into well-known program within the Japanese



Photo by Tim Jensen

Dr. Keitaro Nakamoto, one of six physicians in U.S. Naval Hospital Yokosuka's Japanese National Physician Graduate Medical Education Program listens to a baby's heart during a routine checkup.

role the interns play at the hospital.

"The intern program is important for me as a medical professional because having the opportunity to teach allows us to maintain an academic environment," said Levine.

"We learn just as much by teaching the interns

teach them the American approach to medicine, and in turn they teach us about the Japanese health care system and Japanese culture," said Levine."

Dr. Taichi Imamura, this year's chief intern, works directly with Levine to guide the program in addition to his duties as a doctor. He recalls a time in the emergency room when his skills as a Japanese medical professional working at an American hospital came to the rescue of one U.S. service member after a car accident.

"I was the first person at the hospital to see him," said Imamura. "I met the Japanese emergency medical technicians

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"The interns are a cultural bridge ..."

Lt. Jeffrey Levine
executive director, U.S. Naval Hospital Yokosuka's Japanese
National Physician Graduate Medical Education Program

medical community for providing opportunities to Japanese doctors seeking careers in America and also beneficial to the hospital by strengthening its relationship with its Japanese host nation.

Lt. Jeffrey Levine, the executive director of the program, stresses the significant

as they learn from us when we teach them."

In addition to learning on both sides, the Japanese interns assist in the cooperation between the Japanese and American medical systems.

"The interns are a cultural bridge, we



Photo by Mass Communication Specialist 3rd Class Carla Ocampo

Medical Training

Hospital Corpsman 3rd Class Alyssa Dial teaches a CPR class aboard the guided-missile destroyer USS William P. Lawrence (DDG 110) Aug. 24. William P. Lawrence is deployed to the U.S. 5th Fleet area of responsibility promoting maritime security operations, theater security cooperation efforts and support missions for Operation Enduring Freedom.

IKE ROLLS OUT NEW ALCOHOL DETECTION MEASURES

By Mass Communication Specialist
Seaman Apprentice Wesley J. Breed-
love

NORFOLK NAVAL STATION, Va. - After returning home from back-to-back deployments, USS Dwight D. Eisenhower (CVN 69) (Ike) introduced a new tool Aug. 20 that will be a valuable asset in promoting responsible alcohol use among the crew.

The ship started using alcohol detection devices (ADDs) on the quarterdeck as part of an initiative to promote the well-being of Ike Sailors.

Capt. Steve Koehler, Ike's commanding officer, and Capt. Nick Dienna, Ike's executive officer, were the first to familiarize themselves with the new devices when duty section personnel administered the test to them.

"The Navy implemented the ADD program as a way to promote a greater understanding and awareness of the effects of irresponsible use of alcohol," said Koehler. "It is in place not for punishment, but both as a deterrent and as a tool to educate our Sailors, and to ensure the health and safety of everyone on Ike."

In addition to assisting the command in its efforts to promote the responsible use of alcohol, the ADDs will also help identify Sailors who may not be fit for duty as a result of their alcohol consumption decisions.

"The ADD is a [breath analyzer] that will assist the command with identifying Sailors who may require support before an incident occurs due to the irresponsible use of alcohol," said Chief Electronics Technician Greg Reno, coordinator of the ship's ADD program. "The information gained from this testing will have a great effect on the command and whether it is mission-ready or not."

A Sailor whose ADD test indicates a 0.04 percent or greater blood alcohol



Photo by Mass Communication Specialist 3rd Class Brian Wilbur

Command Master Chief Shay Langejans undergoes a blood alcohol level test on the officer quarterdeck aboard the aircraft carrier USS Dwight D. Eisenhower (CVN 69) as part of the command introduction of alcohol detection devices (ADDs).

content (BAC) shall be presumed not ready to safely perform hazardous duties (i.e., operate equipment, carry a weapon, etc.). That Sailor would then be relieved of duty, retained onboard the ship and automatically referred to a Drug and Alcohol Prevention and Awareness (DAPA) program counselor.

Sailors under the legal drinking age who blow a BAC of 0.02 to 0.04 percent will be turned over to their departments as well as DAPA. Referral to the DAPA will not be considered an alcohol-related incident.

Additional non-punitive actions, focused on safety, training, counseling and education, may be implemented at the discretion of the commanding officer.

"The intent of this program is to ensure that [Sailors are] safe until they are alcohol-free," said Reno.

Reno said that while this program is new to Ike, it has already enjoyed success at several other commands throughout the fleet.

"At first this program will be looked at as if the command is trying to find a way to get people in trouble for drinking, when the command is really just trying to get Sailors help if they have a problem," said Reno. "After everyone sees how this program works and learns what the system is in place for, I feel everything will be normal, and it will be just like the urinalysis program."

The ADDs will only be implemented on Sailors' duty days and during normal working hours.

Policies and produces pertaining to the program are outlined in commanding officer policy memorandum 13.3.

PREVENTION

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being understood by anyone," explained Kebker, noting everyone is capable of rescuing someone before they make the fatal mistake of suicide.

"We may hear someone tell us that things are constantly hard and frustrating for them but we shrug it off," said Kebker. "It's possible at that exact moment that person is reaching out to you and you've got to be there. We need to watch out for each other and utilize our options and resources. We need to be here for everyone."

Redmon attests that if anyone encounters anyone showing extensive signs of depression with a possible risk of suicide, to remember to ACT, an acronym for Ask, Care, and Treat.

Ask - ask someone if they are thinking of suicide. Care - listen, offer hope, and not be judgmental. Treat - don't leave a suicidal person alone and get assistance.

Other Suicide Prevention resource sites:

- National Suicide Prevention Lifeline: 1-800-273-TALK
- Navy Suicide Prevention Program Website: www.suicide.navy.mil
- For more information, and to take an anonymous self assessment go to: <http://www.militarymentalhealth.org/>

NMTSC CPOs, selectees beautify San Antonio

By Larry Coffey, Navy Medicine Education and Training Command Public Affairs

SAN ANTONIO - The Navy Medicine Training Support Center (NMTSC) Chief Petty Officers Mess and fiscal 2014 CPO selectees provided the muscle for a local community outreach project Sept. 10 designed to beautify downtown San Antonio.

Twenty-eight CPOs and seven CPO selectees coordinated with Bexar County Commissioner Tommy Adkisson and the San Antonio Main Plaza Conservation Society to perform a fall beautification project on the city's one-acre main plaza in the heart of San Antonio.

"The project provided the Navy Medicine Training Support Center Chief Petty Officers Mess and the selectees an opportunity to engage with the local community as well as showcase the pride associated with being a Sailor stationed in Military City USA," said Senior Chief Hospital Corpsman (FMF) Donald J. Allbright, the NMTSC N-3 Student Services Program leading chief.

The San Antonio Main Plaza Conservation Society provided top soil, mulch and more than 250 flowers for planting. The Navy volunteers weeded the beds, planted the flowers in the new topsoil, and spread the mulch.

"Once we finished the Main Plaza area, we moved over the Bexar County Purple Heart Memorial where we pulled out every weed that had been growing and picked out every piece of trash," said Chief Hospital Corpsman (FMF) Santiago Martinez, an NMTSC N-3 Student Services supply chief. "Then we planted purple flowers donated by the county to help give the Bexar County Purple Heart recipients the respect they deserve."

For Chief Electrician's Mate (select) (SW/AW) Catherine Morales, the day was about spending time with the chiefs and lending a hand in the community.

"I had an awesome time!" said Morales, an NMTSC Navy military training instructor. "I got to spend more time with the chiefs and learn more about them. I enjoyed helping the community and making the naval presence known."

I really enjoyed seeing the chiefs having fun and seeing that they are not different from us chief selectees."

When the work was completed, Adkisson brought Master Chief Hospital Corpsman (FMF) Shanon Best, NMTSC Command Master Chief, and the CPO selectees into a session of the Bexar County Commissioner's Court, where county budgetary, personnel, and tax and revenue decisions are made. Best and the CPO selectees were introduced and thanked by the court members.

"Today's events were a lot of fun," said Chief Hospital Corpsman (select) (FMF/SW/AW) John M. Ross from NMTSC's Training Support/Education and Training department. "I enjoyed getting out and seeing the locals, and they really appreciated us being there to help improve the look of that area. It was an opportunity for us, as selectees, to get to know the men and woman we will soon be working with very closely. It was also a team-building event to showcase how everyone works together to get a job completed."



Photo by Larry Coffey

(Left to right) Master Chief Hospital Corpsman Rodney Ruth, Chief Hospital Corpsman (select) (FMF/SW/AW) John Ross (gold shirt) and Master Chief Hospital Corpsman Tonya Carlson plant flowers during a CPO/CPO selectee volunteer project to help beautify downtown San Antonio.



Photo by Larry Coffey

Chief Electrician's Mate (SW/AW) (select) Catherine Morales prunes rose bushes during a chief petty officer selectee volunteer project to help beautify downtown San Antonio.



"Navy Medicine Chaplain Offers Compassion for Suicide Prevention"
See more at: <http://navymedicine.navylive.dodlive>.



LIVING A SMOKE-FREE LIFESTYLE

**By Hospital Corpsman 1st Class
James Stenberg, Naval Hospital Pen-
sacola**

PENSACOLA, Fla. – According to the Navy and Marine Corps Public Health Center, 24.4 percent of Sailors and 30.8 percent of Marines smoke, which is higher than the smoking rate for U.S. adults.

According to www.cdc.gov, tobacco smoke contains a deadly mix of more than 7,000 chemicals, many of which are toxic and associated with cancer. Smoking can lead to serious health problems like heart disease, stroke, emphysema, other serious diseases and possibly even death.

Naval Hospital Pensacola not only provides exceptional health care, but its dedicated team of health care providers also educate beneficiaries about healthy lifestyles to include the effects of tobacco use.

“Tobacco use is an expensive addiction with a never-ending list of negative consequences,” said James Sherrard, head of Deployment Health and Wellness Center, NHP. “Our [beneficiaries] who use tobacco get sick more often, have poorer physical readiness test results and deal with side-effects like fatigue, stress, illness, poor night vision, poor wound healing and depression.”

The best choice is to never start using tobacco, however, the benefits to quitting increase the sooner someone stops.

“Quitting tobacco is easier said than done,” said Sherrard. “Luckily there are plenty of tools and proven methods available to help.”

The Food and Drug Administration (FDA) has approved a variety of smoking cessation products. These include prescription medicines and over-the-counter products such as skin patches, lozenges



Photo by Hospital Corpsman 1st Class James Stenberg

Quitting smoking is not easy, but there are many tools and medications available to assist with the process. Contact a Medical Home Port Team today or the Deployment Health and Wellness Center to get started on the path to quitting and a healthier lifestyle.

and gum.

There are also options out there incorporating newer technology such as mobile applications for smartphones or computer tablets like QuitSTART, NCI QuitPal and QuitGuide. SmokefreeTXT is a mobile text messaging service designed for people who are trying to quit smoking. The program was created to provide 24/7 encouragement, advice and tips to help smokers quit.

NHP and most of its branch health clinics offer a month long smoking cessation class that covers the many different options available to assist individuals with trying to relinquish tobacco use. The class meets once a week for an hour and serves as a support group to assist with

the challenges of quitting.

TRICARE beneficiaries can also receive medication while attending the smoking cessation class that will assist with the withdrawal process. Civil service employees that are not TRICARE beneficiaries can attend the class, but will not be able to receive any medication. For more information on program specifics and a schedule of classes, call NHP's Deployment Health and Wellness Center at (850) 452-6326, extension 4100.

Nicotine is a highly addictive substance. Despite all the tools available to help people stop smoking, ultimately the chances of quitting tobacco use rely heavily on the individual's desire to quit.

“I had quit multiple times over a few years,” said Hospital Corpsman 2nd Class Daniel Arnold, assistant leading petty officer, Education and Training, NHP. “I took [prescription medication] to try and get off the nicotine. Then one day after quitting the [medication], I just decided I really didn't want to smoke anymore and I just stopped.”

A recent trend with people trying to avoid some of the hazards of smoking cigarettes is the electronic cigarette. According to www.fda.gov, the safety of electronic cigarettes has not been fully studied. Consumers of electronic cigarette products currently have no way of knowing whether electronic cigarettes are safe for their intended use, how much nicotine or other potentially harmful chemicals are being inhaled during use or if there are any benefits associated with using these products. Additionally, the Navy Bureau of Medicine and Surgery (BUMED) has banned the use of electronic cigarettes at all BUMED facilities, such as NHP, which parallels its policy on regular tobacco products.

INTERNS

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and collected information which I translated into English for our emergency room staff while he was being admitted.

Imamura played a role as an ambassador between the U.S. and Japan which ensured that the patient got the best care possible in a swift manner.

Dr. Sae Morita knows the importance this program has on the relationship between the two nations. “Thanks to this program and hospital, Japanese and USNH Yokosuka medical providers are able to communicate more effectively and easily with each other,” said Morita.

According to Morita, earlier year she presented a case to medical facility in Hokkaido, a northern part of Japan that included a detailed account of a patient's history so Japanese medical professions could see first-hand the U.S. medical standard practices. This was one of the ways Morita has showcased USNH Yokosuka's day to day operations if the two hospitals need to work together.

The Japanese interns stationed at USNH Yokosuka are the first medical professionals the hospital turns to when negotiating care with the local Japanese hospitals.

The Japanese interns look after the service members and their families in the Fleet Activities Yokosuka community.

LINCOLN SEEKS ITS "BIGGEST LOSER"

By Mass Communication Specialist 3rd Class Jonteil Johnson, USS Abraham Lincoln Public Affairs

NEWPORT NEWS, Va. - Sailors on the Nimitz-class aircraft carrier USS Abraham Lincoln (CVN 72) want to name its biggest loser.

Weigh-ins began Aug. 29 at command-wide physical training. "I believe this isn't so much a program as it's an effort to create awareness of our health and fitness," said Aviation Structural Mechanic 1st Class Joanna Madrid, senior coordinator for Lincoln's weight-loss challenge and a member of Lincoln's Coalition of Sailors Against Destructive Decisions (CSADD). "The idea is to present a challenge and resources to promote a lifestyle change."

Madrid said the challenge is open to all Sailors, but they must be medically cleared by a medical officer or an independent duty corpsman before beginning.

"We want as many people as possible to sign up, but we don't want to risk injuries," said Madrid. "One of our main concerns is the safety of the crew throughout this evolution."

Madrid said the challenge consists of a variation of proper dieting and exercises over 72 days. Most of the exercises will be provided by CSADD, but participants will be able to do their own exercises and dieting as long as it is approved by CSADD. Participants are also allowed to attend Fitness Enhancement Program (FEP) workouts every weekday at Huntington Hall.

"We want our crew to have the freedom to complete this challenge in a way that's comfortable to them," said Madrid.

Madrid listed a few of the stipulations to participate in the challenge: Participants must be committed to finishing the entire 72-day challenge. Participants must keep a personal log of what they eat and drink, and be able to provide information on how this positively influences long term weight-loss success.

Participants must not skip meals as part of the weight-loss



Photo by Mass Communication Specialist 3rd Class Danian Douglas

Sailors assigned to the Nimitz-class aircraft carrier USS Abraham Lincoln (CVN 72) participate in command physical training.

plan. Participants must not use dietary supplements, laxatives, stimulants or diuretics to reduce weight. Participants are discouraged from consuming alcohol or tobacco products for the duration of the challenge.

"These are just a few of our rules, but I count them as some of the most important," said Madrid. "They provide a safe, fair opportunity for everyone to get the most out of the challenge."

Madrid said the winning team will receive 72 hours of special leave from Lincoln's command master chief, Command Master Chief Gregg Webber.

"It's a nice incentive to do well, but my belief is that Lincoln Sailors should do this to better themselves," said Madrid. "It will only help to be healthy in the long run."

U.S. Navy and Bangladesh Navy commence 3rd CARAT Singapore

From Commander, Logistics Group
Western Pacific Public Affairs

CHITTAGONG, Bangladesh - The third annual exercise Cooperation Afloat Readiness and Training (CARAT) Bangladesh commenced with an opening ceremony at Naval Base Issa Khan Sept. 16.

Continuing through Sept. 21, CARAT Bangladesh 2013 consists of six days of shore-based and at-sea training events designed to address shared maritime security priorities, develop relationships, and enhance interoperability among participating forces.

"Our goal for this year's CARAT is to continue the process of enhancing capacity and interoperability to address com-

mon maritime security concerns," said Rear Adm. Cindy Thebaud, commander, Task Force 73 and commander, Naval Forces CARAT.

"This exercise offers a credible venue to bring our maritime professionals together, share best practices and strengthen our growing navy-to-navy partnership."

CARAT Bangladesh is part of a series of bilateral naval exercises between the U.S. Navy and the armed forces of nine partner nations in South and Southeast Asia. Training events in each CARAT phase are tailored based on available assets and mutual exercise goals across a broad range of naval capabilities.

CARAT Bangladesh 2013 will focus on maritime security operations during a

sea phase featuring a ship-rider exchange program and flight deck training. A shore phase will allow professionals to share best practices during symposia and subject matter expert exchanges that cover diving, small boat operations, military law and medical training. Receptions, sporting events and community service projects will broaden opportunities to develop personal relationships.

U.S. Navy units participating in the exercise include the rescue and salvage ship USNS Safeguard (T-ARS 50), Commander, Task Group 73.1/ Destroyer Squadron (DESRON) 7 staff, personnel from Afloat Training Group Western Pacific, as well as evaluators from Maritime Civil Affairs and Security Training Command.

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Deployment health clinical center names new director

From Defense Centers of Excellence Public Affairs

BETHESDA, Md. – The Deployment Health Clinical Center (DHCC) recently welcomed Navy Capt. Anthony Arita as its new director.

DHCC is one of three centers of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Its primary aim is to advance excellence in psychological health care in the military health system.

“I am pleased to welcome Capt. Arita,” said DCoE director Navy Capt. Richard Stoltz. “His professional expertise and experience in military medicine will greatly benefit our future efforts. Additionally, his understanding of DCoE and DHCC will enable us to continue to improve psychological health knowledge and standards of care in the military health system.”

Arita, a clinical neuropsychologist, has worked in a wide range of clinical settings. His experience includes issues related to psychological and neuropsychological assessment, operational psychology, threat assessment, traumatic brain injury and the spectrum of psychological health concerns.

Prior to arriving at DHCC, Arita served as the strategic integrator in the Wounded, Ill and Injured program at the Navy Bureau of Medicine and Surgery, Falls Church, Va. His other

assignments include clinical neuropsychologist at the National Intrepid Center of Excellence, Bethesda, Md.; director of outreach at DCoE; operational psychologist at Navy Criminal Investigative Service, Washington, D.C.; clinical neuropsychologist at the National Naval Medical Center, Bethesda, Md.; the first psychologist aboard USS Carl Vinson; staff psychologist at Naval Medical Clinic, Pearl Harbor, Hawaii; and clinical psychology resident at Naval Medical Center San Diego. He served on deployments to Camp Liberty, Iraq; Detention Hospital, Joint Task Force, Joint Medical Group, Guantanamo Bay, Cuba; and a shipboard deployment to the Persian Gulf.

“I am truly excited to join this tremendous team of professionals who are deeply engaged and dedicated to serving our warriors, families and the health care providers who care for them,” said Arita. “We serve a vital mission that addresses an enduring need of those who have sacrificed so much on behalf of our great nation. To them we owe our deepest commitment to advance excellence in prevention, screening and early detection, resilience, care quality, access to care, translation of science to practice and advocacy for psychological health.”

Arita succeeds Army Col. Charles Engel, who had been DHCC’s director since it was established in 1994 as the Gulf War Center. Engel will retire in September after 30 years of military service.



Capt. Anthony Arita

Marine Centered Medical Home opens new doors for patient care

By Lance Cpl. Shawn Valosin, 2nd Marine Logistics Group

CAMP LEJEUNE, N.C. - Marines and Sailors with Combat Logistics Regiment 25, 2nd Marine Logistics Group gathered for a ribbon cutting ceremony at 2nd MLG’s French Creek Medical Clinic Aug. 22.

Brig. Gen. Edward Banta, the commanding general of 2nd MLG, and Medical Officer of the Marine Corps Rear Adm. Charles Harr were two of the distinguished guests present at the ceremony.

The French Creek Medical Clinic is the second of six sites across the Marine Corps to open the new Marine Centered Medical Home, which is aimed at bettering the care and treatment given to service members in a garrison environment.

“The act of cutting the ribbon was a symbolic way to show [other pilot sites] that the French Creek site is officially established and recognized by the Medical Officer of the Marine Corps,” said Cmdr. David Stevens, the group surgeon for 2nd MLG.

The Marine Centered Medical Home



Photo by Lance Cpl. Shawn Valosin

Marines and Sailors with Combat Logistics Regiment 25, 2nd Marine Logistics Group participated in a ribbon cutting ceremony at the French Creek Medical Clinic aboard Camp Lejeune, N.C., Aug. 22, 2013. Guests included Rear Adm. Charles Harr, Brig. Gen. Edward Banta, Col. Terrence O’Connell, and Navy Capt. David Lane.

consolidates medical assets in one location, where service members are able to be seen for various ailments. Civilians on staff and nurses working at the clinic cannot be deployed, which helps to maintain

coverage. They also incorporated wireless systems and secure email so patients can communicate with physicians and request

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New NHRC consortium focuses on service women

**From Naval Health Research Center
Public Affairs**

SAN DIEGO - Researchers at the Naval Health Research Center (NHRC) recently founded the Consortium on the Health and Readiness of Servicewomen (CHARS).

Over the past 30 years, NHRC researchers created a strong and diverse portfolio on gender-related issues. Past projects addressed aspects of service-women's experiences including issues related to the integration of women into previously-closed occupational ratings on ships and submarines; military sexual assault perpetration and victimization; gender-specific physical health issues; and gender differences in occupational environments such as work-related injuries, fitness standards, musculoskeletal injury, and mental health outcomes following combat exposure.

CHARS includes more than 30 research scientists spanning several departments at NHRC as well academic, government, and private sector institutions. The researchers affiliated with CHARS bring to bear a broad range of disciplinary perspectives including public health and epidemiology; clinical, social, quantitative, physiological, and neurocognitive psychology; nursing and medicine; family studies, and political science.

The founding of CHARS is particularly timely given military policy changes in the spring and summer of 2013 that are likely to significantly affect servicewomen and their families. These include the end of the direct ground combat exclusion for women, the repeal of "Don't Ask, Don't Tell," and the extension of spousal and family benefits to same-sex married partners. In addition, there has been increasing national attention concerning military sexual assault, a problem that disproportionately affects female service members. These developments highlight the need for an organization such as CHARS to augment the existing research



Photo by Lance Cpl. Dexter S. Saulisbury

Hospital Corpsman 3rd Class Heidi Dean, left, and interpreter Khatira Fazli, both assigned to the Female Engagement Team of 3rd Battalion, 5th Marine Regiment, Regimental Combat Team 2, teach a health class to Afghan women during a health initiative.

infrastructure to better support and sustain gender-focused military research.

CHARS joins the ranks of a number of important military research groups that focus on servicewomen. These include the Military Women's Health Research Interest Group, the Women's Health Task Force, the Defense Department Advisory Committee on Women in the Services, and the Defense Women's Health Research Program. CHARS is distinct from these existing groups because of the focus on conducting empirical research to enhance the health and performance of military women.

Chief Engineman Patricia Cooper, a student in the Riverine Combat Skills course (RCS), patrols the training grounds during a field training exercise in Camp Lejeune, N.C. This class is the first RCS training group composed of Coastal Riverine Force Sailors and the first to incorporate women into the course.

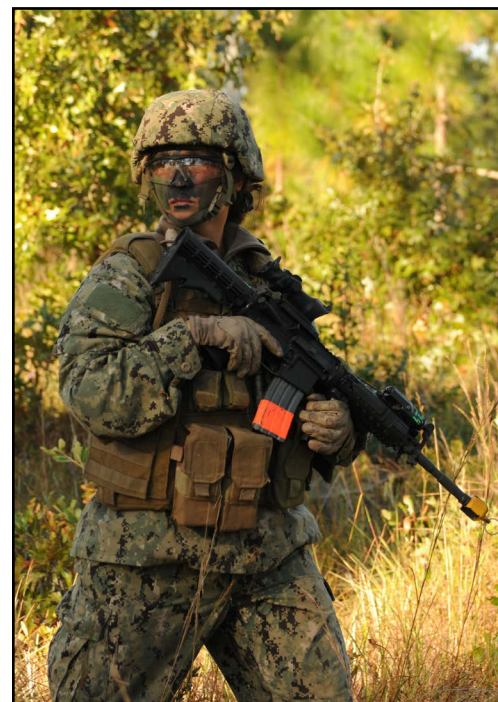


Photo by Mass Communication Specialist Seaman Heather M. Paape

MARINE

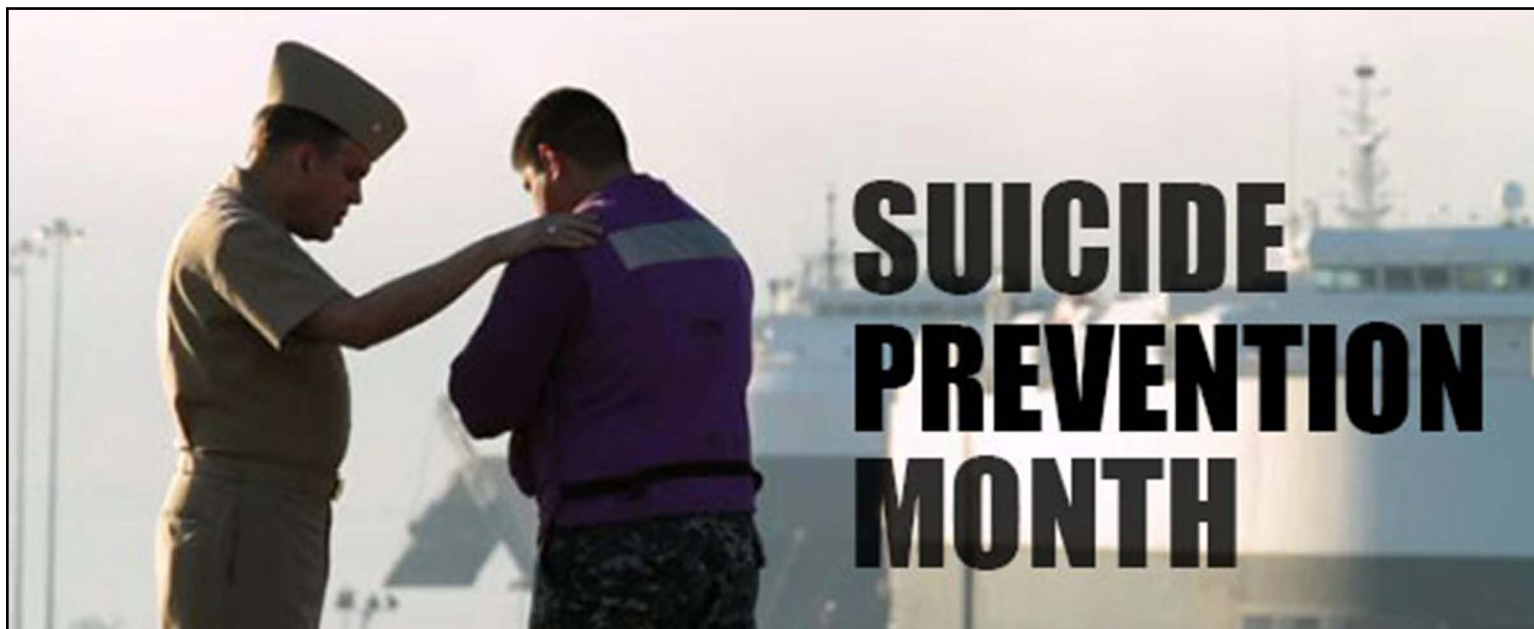
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refills for their prescriptions without having to go to the clinic.

"The manual of the medical department dictates the in-garrison care of our Marines be equal to the same high standards of care we give our dependents and retirees," said Stevens. "This

means being able to give them same-day care, having a one-stop shop to get x-rays, labs, hearing tests, mental health and having case management to help with referrals."

Harr, the guest speaker at the ceremony, said the Navy is also pushing the envelope in areas such as applying skin rather than performing skin grafts, and planning on incorporating sports medicine in future care.



**By Cmdr. Russell Carr, MC, chief,
Psychiatry Department, Walter Reed
National Military Medical Center**

Senior officers sometimes come to our mental health clinic on back elevators and wait in hallways for their appointments. There are medical staff who refuse to be seen officially in the clinic. Some people who are being seen in our clinic refer to themselves as “crazy” and separate from normal people. There is still stigma.

Service members say it will ruin their military career if they acknowledge they need help and get an appointment. Doctors say they will not be allowed to practice medicine any more if they get help. People fear it will always be used against them if they acknowledge weakness. This is rarely true, and not nearly as often as most people think it is. Only for those who suffer catastrophic mental illness is this true, and they are usually so ill that they rarely even understand how much their illness has changed their lives. For the overwhelming majority, there is no consequence for seeking help, except feeling and functioning better. But fear and stigma remain. I feel it speaks more to the meaning of mental illness for people than the actual repercussions.

Most people fear being labeled “crazy.” To many people, those with mental illness are dehumanized. They are “other,” no longer part of humanity. The stigma they experience about mental illness speaks to the fear of being labeled as other. In the military, other often means weak, putting self before mission or unit, or unable to cut it. One’s identity becomes that of

someone who does not belong, who is a burden. These self-images are all incompatible with the sense of camaraderie, self-sacrifice, and putting team and mission above self that are part of military service. A broken self-image can leave a service member feeling alienated, alone. Fundamentally, it comes down to connection to others, and the fear of losing connections by acknowledging problems often keeps many service members from getting the help they need.

But I think that stigma is also a manifestation of a much deeper, personal fear. Outside of military settings, there are psychoanalysts who talk about the hope and dread of seeking treatment. In fact, there is a book by a very well-known contemporary psychoanalyst, Stephen Mitchell, by the title *Hope and Dread in Psychoanalysis*. Basically, people hope for improvement when they seek treatment, but they also fear repetition of their past. They fear that the provider will reinforce a self-image of being broken. They fear they will not find empathy and acceptance, but a relationship in which once again they are a failure, or not good enough. Their fears will then seem true and unchangeable. They also fear that the person they seek help from will not understand them. They fear they will be alone, lost in their failings forever.

A very wise mentor of mine, Dr. George Atwood, once told me that there is nothing more powerful than being understood by another human being. We all seek that. We also all dread not being understood. Many suffering from depression, PTSD, and anxiety disorders have

a shattered sense of themselves. They do not feel understood. Others tell them, or maybe they have told themselves, that their reactions to situations are not acceptable, maybe not even human. They feel that they cannot share their perspectives with others and are left feeling overwhelmed and alone. Feeling understood and accepted by another person is the antidote to isolation and stigma.

Patients often do not know it, but they are seeking understanding from us as mental health providers, or other care providers they seek. They arrive via back elevators or worry about their medical licenses out of fear of not being understood, or dread that prior rejections will be repeated. But there is also hope in seeking treatment. Often, once people feel understood, they lose this stigma and fear.

I have had patients change from hiding to sitting in our waiting room. They might say they see it as part of leadership. But they also say with their actions, “I have been understood. I have found someone who is willing to wade into and dwell in the horrors I have experienced. This person does not look away from me. So I will sit in public and wait to speak with this person again.” This is often all they want and need to right their lives. They need help overcoming the danger they see in shame, stigma, or weakness so they can accept themselves. Living in one’s skin is the one way we can thrive as human beings. If we can give that to each other by not looking away from suffering, then maybe much of my business will disappear.